

MDPH – Application to Transmit Confidential Information Electronically

Note: Applications for approval are transaction-specific. Additions to or modifications to approved transmissions require the submission of a new or amended application for approval.

Completing the Application

Project Name or Description. Identify the name of the project or briefly describe the initiative which is associated with your request to transmit electronic information.

Describe the Bureau or Program's business need to transmit the information. Include the intended recipients and how they will use the information sent them.

Intended Protocol and Electronic Transmission. Check the box(es) that correspond to the protocol and type of electronic transmission you intend to send. Refer to MDPH Confidentiality Procedure 10-A, The Electronic Transmission of Confidential Information for clarification. http://healthnet.dph.state.ma.us/privsec/downloads/procedure_10A_confidential_email.doc

State Agency Workforce Users. List the DPH and other state agency workforce members who will transmit Confidential Information electronically. Include their names and a description of their roles. In the last box, which is shaded, identify the total number of users.

External Users. List 1) individuals not holding state agency email addresses (i.e., their emails do not end "state.ma.us") *to whom* you want to *transmit* Confidential Information electronically and 2) individuals not holding state agency email addresses *from whom* you want to *receive* encrypted Confidential Information electronically using the SFED system. Include their names, institutional affiliation, email addresses, and a description of their roles. In the last box, which is shaded, identify the total number of users.

Estimated Frequency of Transmission. Check the box corresponding to the frequency with which you will be conducting the transmissions.

Confidential Information to be Transmitted. – Check the boxes corresponding to the Confidential Information you intend to transmit. List each variable. Remember to include only the minimum necessary information to accomplish the purpose of the communication. For example, use initials rather than a full name, or a town rather than a full address. Do not include the details of the individual's medical or health information in the email if it is not absolutely necessary for the communication. Identifiers include an individual's name, date of birth, town, zip code or more specific address or other identifiers included in MDPH Confidentiality Policy and Procedures #3; #7; and #10A. Note that an electronic transmission that simply includes an individual's name or address without any other Confidential Information does not fall within the scope of this procedure unless the sender's signature includes the name of his/her Bureau or Program.

Signature Page. The Bureau or Program director should sign and date the application in the space provided.



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Submitting Your Application

Submit your application to DPH's privacy officer by email to Privacy.DPH@state.ma.us and by interoffice mail in care of the Privacy & Data Access Office, 250 Washington Street, Second Floor, Boston, MA 02108.

The Evaluation Process

Applications will be evaluated by the Privacy & Data Access Office based on a review of:

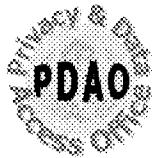
- a) the Bureau or Program's justification of the use of electronic transmissions;
- b) adherence to disclosure requirements as described in Confidentiality Procedure #3 (http://healthnet.dph.state.ma.us/privsec/downloads/procedure_03_use_disclosure.doc)
- c) adherence to standards for the disclosure of the minimum amount of Confidential Information necessary to achieve the business requirement; and
- d) the existence, if necessary, of any data sharing agreements.

The Effective Date

The waiver becomes effective upon approval by the Privacy & Data Access Office. If you are using SFED, you will need to establish an SFED account upon approval. The Bureau or Program must request renewal of this application within three years of the effective date.

Questions?

If you have any questions about the application process, the Procedure Regarding the Electronic Transmission of Confidential Information, or the status of your application, contact DPH's privacy officer, 617.624.5219.



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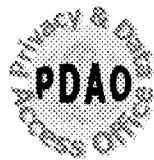
Bureau Name:			
Program Name:			
Program Director:	Phone Number:	Email:	
Application Contact:	Phone Number:	Email:	
Application Date:	Privacy & Data Access Office Approval:		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> Date

Project Name or Description:

Describe the Bureau or Program's business need to transmit the information

Intended Protocol & Electronic Transmission

Intended Protocol	Intended Electronic Transmission
Confidential Protocol <input type="checkbox"/>	An Email and/or an Attachment within the state domain (both Emails end in "state.ma.us")
SFED Protocol <input type="checkbox"/>	An Email and/or Email Attachment where only one user email address ends in "state.ma.us" A File Transfer (DPH sending or DPH receiving)



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State Agency Workforce Members who will use email or secure file for the electronic transmission of Confidential Information.

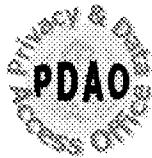
State Agency Workforce Members	Confidential	SFED	Email	Role
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
Total Number of State Agency Users:				

External Users who will use email or secure file for the electronic transmission of Confidential Information.

External User Names	Institutional Affiliation	Email Address	Role
Total Number of Users:			

Estimated Frequency of Transmission:

Daily Weekly Monthly Other _____



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Confidential Information to be transmitted

<input type="checkbox"/> Name	<input type="checkbox"/> Parent's/Guardian's Name
<input type="checkbox"/> Full Name	<input type="checkbox"/> Full Name
<input type="checkbox"/> Initials only	<input type="checkbox"/> Initials only
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Address	<input type="checkbox"/> Telephone Number
<input type="checkbox"/> Full Address	
<input type="checkbox"/> Town only	
<input type="checkbox"/> Zip-Code only	
<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Medical Record Number
<input type="checkbox"/> Age	
<input type="checkbox"/> Dates of Service	Medical Information (describe):
<input type="checkbox"/> Health Plan Beneficiary Number	Enrollment in, or referral to a program (provide program name)
Other:	

Signatures

Applying Program

(Bureau or Program Director's Signature)
By signing here, the Bureau or Program agrees to adhere to Procedure 10A

Date: _____

Privacy & Data Access Office

(Privacy Officer Signature)

Date: _____